



# Creekside Cleanup & Cookout

## Pre-registration and Liability Release Form

*Return by 9/19 to reserve a free t-shirt.*

*Fax: 817-473-2462 Mail: 1200 E. Broad St. Mansfield, TX 76063*

*Email: [water@mansfield-tx.gov](mailto:water@mansfield-tx.gov)*

Volunteer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred T-shirt size: \_\_\_\_\_

Team/Group Name (if applicable): \_\_\_\_\_

Check which cleanup site the group/team/individual prefers:

☐

TRWD water line  
(In front of Big Lots & Wal-Mart)

☐

Hogpen Branch  
(Behind Tom Thumb)

☐

Oliver Nature Park  
(1650 Matlock Road)

Liability Release:

As a participant, or parent or legal guardian of a participant in the Keep Texas Waterways Clean program sponsored by participating sponsors and co-sponsors, I, undersigned, hereby release, discharge, and agree to hold harmless the State of Texas, City of Mansfield, any property owners, and all sponsors and co-sponsors, their agents, employees, officers, and successors from all liability, claims, or actions which I, my heirs, executors, administrators, or assigns may have or claim against any of them arising from any personal injuries or other claims connected therewith, whether known or unknown, or injuries to other persons or to property caused by or arising out of any actions I might take relating to my activities while participating in the above program.

I, the undersigned, do hereby release and authorize the use of any photographs taken of the participants listed below by the Keep Mansfield Beautiful Commission and City of Mansfield Water Utilities H2Outreach Program, their sponsors, or their contractors for the purpose of developing public information materials.

If the participant is a minor, I, as parent or legal guardian of the participant, further authorize the participating sponsors, co-sponsors and employees of the organizations to obtain medical treatment for the participant, should an apparent need for this treatment arise.

I have carefully read this release and understand all its terms; I sign it voluntarily and with full knowledge of its legal consequences.

Signature of participant (or Parent/Legal Guardian if minor):

\_\_\_\_\_

Emergency Contact Info:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For families or groups with additional volunteers, please list them here:

Name of participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
(Please Print)

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